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Notice of Independent Review Decision

DATE OF REVIEW: March 25, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of physical rehabilitation for left foot with the treatment codes of #97110 (therapeutic exercises), #97112 (neuromuscular re-education) and #97140 (manual therapy techniques)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Fellow American Academy of Physical Medicine and Rehabilitation
Member of PASSOR

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

group

- Reviews (07/23/09)
- Office visits (01/06/10 – 01/27/10)
- Utilization reviews, first denial and reconsideration denial (01/12/10, 02/01/10)

Texas Department of Insurance

- Utilization reviews, first denial and reconsideration denial (01/12/10, 02/01/10)

ODG have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a injured his left foot on xx/xx/xx, when a 2-1/2 ton pipe almost hit his foot sustaining injury to it.

Following the injury, the patient was evaluated in emergency room (ER) where x-rays showed a lot of swelling and thus nothing could be done for two weeks. He was placed in a light duty. In November 2008, M.D., an orthopedist, saw him for multiple fractures in the left foot including first metatarsal and mid and distal shafts of the second metatarsal. He performed surgery on the left foot. Post-surgery, the patient was referred to D.C., who treated him with physical therapy (PT) 2-3 times a week for 4-8 weeks. The patient was utilizing over-the-counter Tylenol or Advil. History was positive for type II diabetes and was on medications for the same. In June 2009, a functional capacity evaluation (FCE) indicated the patient was unable to go to full time work.

In a designated doctor evaluation (DDE) D.O., assessed clinical maximum medical improvement (MMI) as of July 23, 2009, and assigned 3% whole person impairment (WPI) rating.

From July through August, the patient completed second week of work conditioning program (WCP). Dr. noted improvement in the physical and functional capacity and recommended to continue WCP for 10 additional sessions.

On January 6, 2010, M.D., in a post injection PT evaluation, noted the patient had left foot pain with activities of daily living associated with numbness to the third and fourth digits. The patient had undergone neurolysis injections recently. He ambulated with an antalgic gait. Examination showed tenderness of the left great toe, second through fourth metatarsal, decreased left foot range of motion (ROM), decreased tolerance for reaching and decreased tolerance for walking and squatting. Dr. believed the patient would benefit from post injection active rehabilitation and recommended initiation of early stage of phase II concentrating on strengthening and improving the active ROM.

On January 12, 2010, M.D., denied the request for 12 sessions of PT for the left foot with the following rationale: *"The history and documentation do not objectively support the continuation of 12 sessions of PT at this time. Dr. has withdrawn the request pending completion of injection that have been recommended. The therapy was expected to help facilitate recovery after the injection, which have not yet been done."*

On January 27, 2010, Dr. appealed for 12 sessions of PT and stated: The patient could demonstrate improvements of active ROM, strength and tolerance and performance of standing, walking, squatting and walking stairs. He must return to work as a, which requires that he perform these activities frequently. He has not yet reached his pre-injury functional level. He was expected to continue to demonstrate further improvements in all parameters with physical rehabilitation. The patient continued to have functional deficits physical rehabilitation was the most effective and rapid means to overcome the functional deficit.

On February 1, 2010, D.O., denied the appeal for reconsideration with the following rationale: *"The clinical summary findings support the ICD's submitted by Dr. confirmed the above clinical summary findings. During the phone consultation, Dr. said that the patient did have a neurolysis injection and that he*

wanted only two PT sessions (not 12 as request) to educate the patient on what to be on his home exercise program (HEP) after the injection treatment. The patient has completed formal postoperative PT sessions after the ORIF of his foot along with a WCP as of August 2009. The patient was advised on HEP at those times (during previous formal PT and work conditioning sessions) and ODG does not recommend any more formal sessions after injections of the foot. Dr. was unaware that the patient was fired from his job and was studying to be a (sedentary/light work PDL's). ODG recommends, if necessary, up to 21 visits over 16 weeks of PT (the patient has exceeded this amount and has had work conditioning sessions) for the patient's postop foot dysfunction/disorder. ODG does not recommend as medically warranted a repetition of same/similar program upon completion of previous work conditioning, outpatient rehab or WHP. ODG does recommend HEP to maintain function, strength, ROM etc., that was achieved by formal programs. The patient should have any necessary follow up visits and protocol should be changed/modified if needed, depending on the progress.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

DOCUMENTATION REVEALS THAT MR. HAS UNDERGONE EXTENSIVE FORMALIZED PHYSICAL THERAPY TO THE LEFT FOOT AFTER HIS TRAUMA ON THE ABOVE NOTED INJURY DATE. HE HAS UNDERGONE AT LEAST TWELVE SESSIONS OF FORMALIZED PHYSICAL THERAPY AND HAS UTILIZED TEN SESSIONS OF WORK CONDITIONING PROGRAM ALL OF WHICH ADDRESSED RANGE OF MOTION, STRENGTHENING, AND ENDURANCE EXERCISES. FOLLOWING THIS TREATMENT REQUESTS WERE MADE REGARDING POST INJECTION PHYSICAL THERAPY TIMES TWO VISITS BY DR. WHO REPORTEDLY DID NOT CONSIDER THE ONGOING NEED OF FURTHER THERAPY OF TWELVE VISITS TO BE NECESSARY. THE ODG GUIDELINES DO NOT SUPPORT THE NEED OF ADDITIONAL FORMALIZED THERAPY POST INJECTION TREATMENT. INJURED WORKER SHOULD BE PROFICIENT WITH AN INDEPENDENT HOME EXERCISE PROGRAM TO MAXIMIZE STRENGTH, ENDURANCE AND CONDITIONING AT THIS JUNCTURE OF TREATMENT. THE REQUEST ALSO EXCEEDS GUIDELINES REGARDING THE EXTENT OF FORMALIZED THERAPY FOR FRACTURES OF THE FOOT. THEREFORE, THE DECISION TO DENY FURTHER FORMALIZED THERAPY IS UPHELD.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**